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# From Demonic Possession to Conversion Disorder: A Historical Comparison

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FROM DEMONIC POSSESSION TO CONVERSION DISORDER:

A HISTORICAL COMPARISON

By

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HONORS THESIS

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## Introduction

The privilege of hindsight bestows on historians the ability not only to detail history, but to create the world and culture of their subjects in the eyes of modern-day scholars. Oftentimes, historians inadvertently use this hindsight to give historical figures specific voices and motivations that are confirmed by the mores of present-day society. For instance, many primary school textbooks focus almost exclusively on the evils of the American slavery system or the righteousness of the women's suffrage movement, in each case imprinting the biases of the current world on the past. Such tendencies are as old as recorded history itself; indeed, writing history has been used as a tool to bridge societies distanced by time and space.

Although perhaps ultimately unavoidable, incorporating biases from modern culture can severely limit and tarnish understandings of historical moments. With too much bias, one loses objective perspective and thus runs the risk of drastically misrepresenting events. Scholars thus become buried beneath the mire of the present, and, thus shackled, cannot elevate themselves or others past the surface-value of any event to a fuller or deeper comprehension.

It was with such thoughts in mind that I undertook to examine a history that school systems, pop culture, and the media has vastly skewed to fit modern-day sensibility. Thanks to Arthur Miller's 1953 play *The Crucible* and subsequent movies and literature, modern society has painted early-modern demonic possession as nothing more than a tragic embarrassment in which the small town of Salem was duped by actively deceitful young women. Many popular introductory historical sources tell modern readers that these young women were merely play-acting to achieve personal goals, typically to get unwarranted attention in their communities.<sup>1</sup> In many portraits, the girls were effective in their play-acting due to the community's sheer lack of reason and abundance of unfound superstitious belief. I, like perhaps millions of middle school

and high school students across America, was first formally introduced to demonic possession through such perspective. Indeed, I dismissed demonic possession as nothing more than an indicator of a credulous (almost comically so) population stuck in some sort of backwards society in which teenage girls were able to exercise vast levels of manipulation that superseded existing institutions. Under the influence of this perspective, the mentalité of Salem seems as far removed from our modern perspectives as possible; such a conclusion often precludes developing empathy for the historical players.

It took just a bare minimum of scholarly research to shed this myopic (and frankly uninformed) single view of demonic possession. In fact, I was astonished by the amount of historical interpretations and analyses concerning not only the Salem case but other cases of demonic possession in the early modern period. The historians' analyses more fully shed modern-day bias and tell the story of demonic possession more within the context of the time period and place. Yet, why did it take me until the final months of my undergraduate career to unearth this clearly available analytical material? Why have most public schools kept close to the reading of *The Crucible* and other such works riddled with modern bias to introduce demonic possession? Is it due to want of simple thus more readily teachable conclusions, or something more? Perhaps the lack of revision stems from something more significant than want of an easier explanation. Perhaps we propagate the interpretation in *The Crucible* because we fear to allow a more complex or a more relatable (and thus more frightening) perspective to surface. Perhaps we subconsciously want to bury the possibility that the young women were not merely play acting, that the community was not overly gullible. Perhaps we do not want to view the strange behaviors of demonic possession as something that could exist beyond the historical bounds of

Salem. By maintaining Miller's vision of Salem and other early-modern possession cases, are we attempting to distance ourselves from what is portrayed as a backwards and misguided society?

In this work, I hope to counteract the common and limited perspective of early-modern demonic possession that pervades modern culture. To do so, I focus not merely on one perspective, but multiple perspectives surrounding demonic possession. To fully analyze possession, I have employed a societal player analysis that will demonstrate how specific players that could be found in most Western societies interacted with possession, showing that Salem and other cases were not the work of deceitful women that we have come to believe. Moreover, by completing a similar analysis of the modern-day phenomenon of conversion disorder, I hope to show the necessity of reexamining our overall limited view of demonic possession. Although I do not argue that demonic possession is an early form of conversion disorder or vice versa, I instead suggest that historians can gain significant insights into both phenomena by focusing on the social construction of both afflictions. By doing so, perhaps we can unearth or create a fuller and longer history of inexplicable and gendered behaviors that persist despite societies' tendencies to quickly sweep both old and recent cases under the cultural radar of thought.

I have based my research upon primary sources and secondary literature of specific early-modern cases of demonic possession and modern cases of conversion. By exhaustively reviewing and analyzing the available information, I have created a comprehensive analysis that will shed light into the true experience of both phenomena, lending individual agency to more than just the afflicted individuals.

## Chapter 1: Early Modern Encounters with the Devil

Perhaps one of the most difficult tasks of the early modern period Western witch-hunt history is interpreting demonic possession. Most modern readers, relying on entertaining and fictional renditions of famous witchcraft cases, see demonic possession as nothing more than episodes of outright and deliberate trickery, often motivated by local hostile and grudges. Moreover, demonic possession is often viewed as an isolated phenomenon stemming from the “craze” atmosphere of witch-hunts. Popular conceptions depict demonic possession as belonging to the distant past, a past frozen in time and significance. Under such notions, demonic possession is but an embarrassing blip in human history, a blemish on what otherwise would seem to be an intellectually progressive history. However, such common misconceptions are controverted by both modern and early-modern fact; the concept of possession is anything but the exclusive property of the early modern period or witchcraft. Numerous historians, philosophers, and psychologists have traced cases of possession from Greek and Roman antiquity through the modern age, albeit in specific and culturally-dictated forms.<sup>1</sup> In fact, to this day, some anthropologists have identified strong and persistent possession beliefs in Third World countries.<sup>2</sup>

With such information, one cannot help but wonder what makes the early modern Christian form of possession so popular and so powerful in historical thought. Why has it claimed autonomy over the far-reaching term “possession?” Clearly, something specifically about demonic possession in this era influenced a greater social receptivity than in other times and places. To fully understand the significance of demonic possession in the early modern West, it helps to track how each of the key players in a given episode approached, experienced, and interpreted possession. Achieving such a complex perspective requires not only a firm grasp

of the contemporary rhetoric of townspeople concerning possession, but also a knowledge of differences among historical arguments based on the available primary materials. Yet, before one surveys the multifaceted societal perspectives, one must grasp how Christians defined demonic possession.

Although demonic possession in the early modern West occurred on different continents with varied religious, political, and economic climates, Western society as a whole came to recognize specific criteria to diagnose possession. According to historian Anita Walker, four qualities must have been met to classify a person as a demonic: a possessed person must be able to communicate in languages unknown to them, have the ability to read private thoughts and gather information beyond the human senses, exhibit extraordinary bodily strength, and, finally, reject sacred objects and practices, sometimes violently.<sup>3</sup> This academic definition does not fully capture the difficulty historians can only imagine occurred as the early modern onlookers attempted to understand and cope with possession amid the sheer horror and intensity of possession cases; the Goodwin children in colonial New England were documented as being “for some weeks grievously tormented, crying out of head, eyes, tongue, teeth breaking their neck, back, thighs, knees, legs, feet, toes, etc.,”<sup>4</sup> and another possessed colonial inhabitant, Elizabeth Knapp, was described as “a dark resemblance of hellish torments.”<sup>5</sup> Indeed, a possessed nun in France, Jeanne des Anges, was witnessed to be released from a possession episode only “after much violence, vexation, howling, gnashing of teeth, of which two back ones were broken.”<sup>6</sup> Possession often was marked by “recurrent fits, convulsions, foaming at the mouth, difficulty eating and drinking, bug-eyes, and extreme contortions of the body.”<sup>7</sup> Clearly, possession to early moderns encompassed much more than simply fulfilling four categories of criteria; demonic possession was a tangible event that terrified communities.



Tying the concept of possession specifically to the Great Witch-Hunt was not nearly as simple as modern readers may suppose. Before such widely held social beliefs provided what became the four fundamental criteria of identifying a demonic, a drastic shift in society's understanding of the relationship between the body and spirit needed to occur. Prior to this era, Western society had accepted the concept of out-of-body (or invasion of a spirit into-the-body) experiences bringing an individual closer to the divine or spiritual world. Organized Christianity exhibited and accepted forms of positive religious or spiritual possessions, phenomena historian Joseph Klaits underscores as Christian mysticism. Essentially, mysticism was widely understood as "the intensely private quest for union with God," a quest fueled by denying physical comfort. Under ecstatic religious experiences, individuals in early Christian history demonstrated contact with the divine through extreme strength, unearthly insight, and physical harmony, qualities similar to those shown by the possessed individuals in the early modern period. However, with the advent of religious struggle during the Reformation, the mystic transformed from a figure of respect to a type of heretic, an individual threatening the delicate hierarchy between the divine, the Catholic Church, and the individual.<sup>8</sup> Thus the possession of the body, once seen as positive, became seen as brought on by demons bent on destroying social order and popular religion.

Historian Lyndal Roper argues that this cultural turmoil in sixteenth-century Europe provided the necessary framework to deeply alter how society interpreted the relationship between the physical and spiritual.<sup>9</sup> During the Reformation, Catholics clung to a vision of bodily and spiritual union, whereby the cleansing of the possessing devil was possible through physical means, such as the sprinkling of holy water and the forced taking of the Eucharist. Protestants, in contrast, rejected such a tight relationship, preferring a more fluid and individual-based interpretation that did not require the use of physical objects to make one holy or expel

demons.<sup>10</sup> Despite such differences concerning the expulsion of demons, both groups became both religiously and secularly fearful of any internal, mystical brands of faith that would make the individual more powerful than the social and political institutions around them, especially given the heightened and expanded position of Satan.<sup>11</sup> Early in the sixteenth century, society witnessed possession's transformation from an obscure holy experience into a dangerous public mechanism by which Satan himself was brought from the spiritual world into the already rapidly changing physical world.

Despite a general consensus that spirits (and supernatural forces) could enter human bodies, early moderns grappled with knowing possession when they saw it. Primary documents show that all possession cases involved a process in which accepting and defining genuine cases of demonic possession and determining how demons came upon these perhaps vulnerable individuals in the first place. Historians have shown that women were often seen as innately being spiritually and physically weaker than men, evidence used when identifying witches and spiritual deviants.<sup>12</sup> Although this explanation perhaps aided the legibility of the many witchcraft accusations directed at women, it certainly confounded the process for identifying possible possessed persons; if women were innately weak, then how could they withstand the violent torments and contortions of a demon possessing them without perishing immediately? Such a paradox perhaps contributed to the more varied array of possessed persons than those accused of witchcraft; cases throughout sixteenth-century New England and France show women, children, and men as socially acceptable demoniacs.<sup>13</sup> That said, many of the most famous cases of individual and group demonic possession during the sixteenth and seventeenth century occurred among young women.<sup>14</sup> There is, however, a discrepancy between colonial New England and

France; the ratio of female to male possession is significantly higher in the colonies than on the continent.<sup>15</sup>

Beyond gender, possessed people across time and place shared some socioeconomic distinctions. Most were individually poor or occupied dependent positions in well-off families, had a strong religious upbringing either through family or institution, and were usually from rural or village environments.<sup>16</sup> However, an important regional difference must be noted: the possessed nuns of Loudun in France exhibited better socioeconomic circumstances than their fellow possessed girls in Salem, as many of the possessed nuns were related to nobles or members of high importance within their surrounding community.<sup>17</sup> Despite differences in family stature, a great number of possessed women in both regions were themselves dependents, perhaps aiding their image as vulnerable persons to the devil's offers of wealth and power.

After early-modern society began accepting a type of vulnerable population as potential demoniacs, a mechanism to explain how a person became possessed by a demon slowly began to develop. Although the rate of demonic possession over the West increased at about the time witchcraft prosecutions were on the rise, the two were not necessarily bound together from the start in the sixteenth century.<sup>18</sup> Indeed, the concept of possession underwent a transformation in which the devil and other demons became the spirits entering the body. Similarly, the overall concept of witchcraft was transforming and solidifying within society, producing widespread beliefs that witches practiced maleficarum (dark magic), made pacts with the devil, and gathered for Sabbaths.<sup>19</sup> The heightened place of the devil in the early modern West seems to be the crucial link between demonic possession and witches. Believing that witches could make pacts with the devil in exchange for special powers was the key ordering mechanism by which the devil or his demons could enter a body: with a witch's help. Most importantly, as historian

Joseph Klaits has shown, “a practical advantage to society of associating demonic possession with witchcraft was that the connection suggested an effective cure for the disorder,”<sup>20</sup> the removal of the witch from the community. Perhaps the joining of these two seemingly different issues in society is what transformed demonic possession into a significant cultural phenomenon.

Once demonic possession became widely understood and fit within other critical societal beliefs, communities in the sixteenth and seventeenth-century West began to witness and interact with possession. However, the term “community” is far too vague to allow a detailed and comprehensive analysis of early moderns’ responses to what they perceived to be demonic possession. One can best understand the dynamics by viewing possession cases from the perspectives of their key players, and by analyzing and drawing upon many different cases and many different historical interpretations. This approach allows one to look at the range of behaviors and attitudes seen in each type of player. Moreover, the term “players” denotes the common divisions of labor, responsibility, and authority found in most communities. If one looks across a broad array of documented possession cases, the key players around demonic possession were the authorities of the body (both religious and secular), the possessed’s household inhabitants, public officials, the possessed themselves, and the common populace (neighbors, villagers, readers of possession narratives). Because of limited primary sources from some of the specific players, analysis of historians’ interpretations provides the most direct route to comprehend early-modern perspectives about demonic possession. Such a method will provide a useful base to identify early-modern debates as well as modern debates about possession. Instead of attempting to capture the experience of the entire early modern West, I focus on early modern cases of demonic possession in colonial New England and sixteenth-century France.

My analysis rests on research concerning four specific cases: the possessions of young women during the famous witchcraft trials at Salem, the possessions of the Goodwin children in Boston, the possession of Elizabeth Knapp in colonial New England and the possessions of nuns in Loudun, France. During the 1692-1693 witch trials in Salem, twenty-four young women eventually exhibited symptoms of possession, a possession that seemed to stem and spread from just one case and contributed to the deaths of nineteen accused witches.<sup>21</sup> The 1688 possession of the Goodwin children was another, albeit smaller, group possession case, involving the four children (two boys, two girls) of John Goodwin. Much like the Salem possession cases, the Goodwin children's possession and subsequent accusations resulted in the death of an accused witch, Mary Glover.<sup>22</sup> The case of Elizabeth Knapp, which occurred in 1671-1672, departed from the later colonial New England group possession cases, and proved to be a possession whose authenticity was highly questioned by many members of the Massachusetts community.<sup>23</sup> Across the Atlantic, the 1632-1634 cases of possessed nuns at an Ursuline convent in the city of Loudun became perhaps one of the most widely publicized group possession cases on continental Europe. Indeed, the Loudun possessions proved to be extremely scandalous and resulted in the death of a popular and prominent priest in France, Urbain Grandlier.<sup>24</sup> Despite the differences in these four cases, these possessions have contributed greatly to the discussion of societal players and their experiences with demoniacs.

### **Authorities of the Body**

In the early modern period, clergymen and physicians were the authority figures called when a person appeared to be possessed. This category of players encompasses two categories; religious leaders and physicians all claimed some authority over the body, spirit, or both. Historians point out that religious and medical experts could play a variety of roles in possession cases. They

were universally recognized as the gatekeepers of truth concerning the natural and supernatural, and thus were critical to identifying possession. Second, once they were involved in a case, they often interpreted it to the wider public by publishing an account, and in doing so, might advance their professional reputation or political agenda. Finally, scholars have posited that experts sometimes were complicit in a fraudulent possession cases. Yet even within these categories, historians have shown that the authority player was anything but a static force in all communities; authorities' experience and attitudes sometimes varied highly within the same community.<sup>25</sup>

As gatekeepers, religious and medical experts had a great deal of power in defining possession. A critical issue they and all observers puzzled over was whether the seemingly possessed person was genuinely tormented by demons or pretending to be. Modern readers may struggle with accepting the notion of "true" possessions, yet, as historian Carol F. Karlsen has shown, "if a culture's belief system incorporates the concept of demonic possession, it is rational for people within that culture to become possessed, [and] to experience the torments their spiritual leaders say they will."<sup>26</sup> After one accepts that genuine possessions could have potentially existed in the time period, one realizes that contemporary physicians and theologians often had to develop the criteria and methods for differentiating real possessions from illnesses caused by nature or fraud.<sup>27</sup> Indeed, one of the most challenging aspects of the authority's experience lay in determining exactly what was natural and what was supernatural.

Early modern doctors and theologians believed that both the natural and supernatural realms were at work in humans' lives. A physician was often called in first and was asked if natural causes could be causing the patient's fits. If he found none, then he might declare his conclusion that supernatural demons were at work on the patient's body or leave any conclusions

to the expertise of religious authorities.<sup>28</sup> Conversely, clerics did not merely rely on religious scripture or spiritual methods to judge a specific possession case; indeed, theologians used empirical testing methods, trial and error experiments, and took meticulous notes of symptoms to scientifically classify possession cases in hopes of identifying true possession.<sup>29</sup> One of the most significant of the influences of the authorities of the body came through the clerics' and physicians' personal notes on specific cases that set the precedent for defining natural and supernatural disease.<sup>30</sup> Moreover, there were certain cases especially in early modern France in which clergymen and physicians collaborated to create the criteria to define the limits of the natural world and the possibilities of the supernatural world.<sup>31</sup>

Despite this mutual overlap within the occupants of the authority of the body player, individuals holding positions of authority did not always experience the gate-keeping functions of possession in the same way. Historians such as D.P. Walker have demonstrated that some physicians focused more on establishing a natural cause to explain possession symptoms rather than on allowing the cases to be identified as supernatural, thus rejecting cases as genuine instances of possession.<sup>32</sup> Sometimes, accused witches relied upon this particular rejecting force in court to stall or stop their trial, a technique the accused cleric at Loudun attempted when the possessed nuns accused him of witchcraft in sixteenth century.<sup>33</sup> That said, there were also many doctors in those same cases who bolstered the identification of genuine possession through their testimony about their examination of the possessed during key moments, such as when one of the nuns of Loudun vomited up foreign objects in the doctors' presence.<sup>34</sup> Physicians also used their medical knowledge to support theologians' interpretation of possessed women becoming possessed due to their biological weakness.<sup>35</sup> Clerics themselves were not all the presumed enablers of possession as some modern readers have thought; many priests and ministers grew

extremely wary of listening to accusations of the possessed, let alone identifying them as possessed persons in the first place in fear of losing their credibility in the public.<sup>36</sup> Moreover, many Catholic priests, especially in France, exhibited caution, not encouragement, when confronted with possible possession, a condition understood to be contagious.<sup>37</sup> Regardless of whether the possession occurred in New England or in France, both clerics and physicians played crucial roles by diagnosing the possessed and evincing medical or spiritual skepticism when the possessed did not meet their criteria.<sup>38</sup>

Historians have shown that, beyond functioning as the gatekeepers in assessing whether symptoms indicated demoniacs, the authorities of the body used their position in possession cases to advance their own agenda or position in a dynamic society. This role related much more to the experience of collective groups of experts rather than specific individuals. Perhaps the most overt example of competition is seen in how clerics used interpretations of possession in the power struggle between Protestants and Catholics (specifically but not exclusively in France). During and after the Reformation, Catholic theologians experienced a power struggle with the newly formed Protestant theologians, specifically over how to interpret and treat possession.<sup>39</sup> The greatest rift between Catholic and Protestant authorities centered on how to remove a demon; Catholics believed exorcisms and the taking of the Eucharist would rid a body of its demons, whereas Protestants felt that fasting and praying were the only effective means of restoring an individual's spiritual balance.<sup>40</sup> Although both types of clerics often used possession as a means to sway the community according to their agenda, Catholic priests specifically profited from their interaction with possession. Catholic exorcists in France often used the exorcisms of possessed persons as a form of propaganda against the Huguenot faction (Protestants) in the populace. As exorcists removed heresy-spewing demons from possessed



bodies, priests hoped to show the triumph of the Catholic religious power over heretics, such as Huguenots.<sup>41</sup> Puritan ministers in colonial New England were not exempt from such actions. Indeed, ministers such as Samuel Parris in Salem used possession cases and the rhetoric of demons to increase his and the church's standing and authority in his Protestant community.<sup>42</sup>

Physicians too used their position as authorities of the body to advance their own agenda in the early modern West. Although physicians were not directly incorporated into the religious factions formed by the Reformation, many did experience instability as professionals and used possession cases to reassert their authority in their communities. Many historians, such as D.P. Walker, have viewed physicians' creation of scientific criteria to identify supernatural forces, such as the body's inability to feel pin pricks, as a means to exert their influence and authority in cases of spiritual uncertainty.<sup>43</sup> Moreover, physicians, especially in France, wrote their notes in Latin, signifying that supreme credentials and authority in possession cases and other matters of the body were above the common person's comprehension.<sup>44</sup> In such ways, physicians interpreted possession cases as opportunities to reassert their authority and power in the community.

The most historically controversial exercise of authority by physicians and clerics as the authorities of the body was their encouragement of fraudulent possession cases. Although some historians, such as Robert Rapley, feel that it was impossible for the priests at Loudun to have helped stage such a large and public "pretend" mass possessions, many other historians interpret the authorities of the body as enablers of manipulative individuals who attempted to appear genuinely possessed.<sup>45</sup> Their interpretations focus mostly on clerics' participation as authorities of the body, yet some doctors are thought to have acted as enablers too; in fact, some English cases show physicians as helping the possessed understand what criteria it took to be diagnosed

as a possessed person, hardly an act in line with objective observation.<sup>46</sup> But more often, the charge that the expert manipulated the situation is aimed at clerics. Some Catholic priests, such as the curé in a French possession cases, have been documented as giving “encouragement, instruction, rehearsal, and practice”<sup>47</sup> to a young possessed woman. Some of the curé’s contemporaries across the Atlantic also exhibited a strong instructional or encouraging force; historian Joseph Klaits has identified such a case of authority encouragement through his analysis of Salem Village’s Parris, in which he explains that “it is clear that the rituals of prayer and fasting that the minister conducted in his house during these weeks were the source of the contagion”<sup>48</sup> of possession in Salem. Moreover, the authorities of the body might act indirectly as encouragers. Klaits demonstrates that physicians and theologians reinforced and channeled the possessed person’s fear of spiritual possession sufficiently enough to convince the possessed of their own demonic state.<sup>49</sup> Although many historians believe the authorities of the body exerted excessive control over constructing the demonic possessions, it is difficult to establish the chronology of whether the possessed were indeed possessed before the interference of the authorities. Therefore, historians can only ponder the extent of authorities’ complicity within encouraging fraudulent possessions.

### **The Family**

The most intimate players in early modern possession cases in the West were the possessed’s family members. The family members of the possessed observed and were the first interpreters of symptoms that suggested possession. Roper explains that the family “had an active part to play, supporting the sufferer with their hands, and becoming aware of the awesome strength of demons through touch and motions as they battled to hold the sufferer still”<sup>50</sup> during the

possessed's fits. Historians have demonstrated that the family players, besides experiencing possession firsthand and before the introduction of the authorities of the body, often either acted as protective and reinforcing players or, in extreme cases, exploiters of the possessed.

Early modern New England and French families typically tried to protect or console their possessed family member, even though some families resisted acknowledging the possession at first.<sup>51</sup> For those initially resistant family players, this hesitation usually stemmed from uncertainty of whether their relative had a natural disease, such as epilepsy or hysteria, or had a spiritual crisis.<sup>52</sup> If religious and medical experts had difficulty determining genuine possession cases, the families were at an even greater diagnostic disadvantage as they struggled to determine whether or not a demon was truly trying to make their loved one renounce God and join the devil. However, once the family members' own testimony was backed by authorities of the body and perhaps other members in the community, families, usually represented by the male head of household, began to exhibit protective actions. Often, such actions were intended to defend their wives, children, or extended family from imputations of fraud in eyes of the public. For instance, some families initiated defamation suits against other members in the community who questioned the sincerity of the possessed person's state.<sup>53</sup> However, some historians, such as Kaplan and Rapley, argue that these actions were rooted in fears of losing family reputations instead of well-intentioned efforts to protect and nurture the possessed during their spiritual turmoil.<sup>54</sup>

Some historians depict the family player's role as one of exploitation and manipulation in hopes of generating wealth and fame. Anita Walker demonstrates such an argument by focusing on the 1598 possession of Marthe Brossier in west central France. Marthe's father was reported as forcing her to exhibit possession-like symptoms and participate in hundreds of public

exorcisms, some of which required her to vomit up needles and pins.<sup>55</sup> Indeed, Walker stresses that Marthe's father used such performances, against his daughter's will, to become wealthy.<sup>56</sup> Other cases in France substantiate such representations of the family player. Many of the possessed nuns' families in Loudun, after providing the initial finances to take care of their possessed daughters, eventually began to make money from their daughters' exorcisms.<sup>57</sup> Other families accepted alms from the local governments or locally wealthy families that surpassed the financial drain of caring for a possessed person.<sup>58</sup> Although historians, in analyzing some cases, have drawn a bleak portrayal of the demoniacs' families, research has certainly shown that the family player experienced possession in different ways, yet, overall, acted as reinforcements and promoters of their possessed relatives.

### **Public Officials**

Overall, historians have interpreted the public official player as playing an indirect role in possession episodes. Although the magistrates had great influence over the initiation and proceedings of witchcraft trials, they seem to have had considerably less significance in interacting with possessed people outside of trial settings. From such points, one can surmise that the public servant player had two general avenues of interaction and experience with possessed people; he either functioned as the indirect mechanism by which the possessed entered the public realm or as a legal power that defined the meaning of the possessed's symptoms relative to the government.

Some historians, such as Kaplan, Anita Walker, and Rapley, focus on the public official player as a force that regulated the possessed's exposure to the public. Many local public officials, such as local magistrates or judges, participated in early modern France possession

cases by striving to contain the violence and terror caused by possession fits, sometimes through enacting policies requiring the possessed to remain indoors in their home.<sup>59</sup> Such focuses on keeping public order could be found in some governmental attempts to bring possession cases and the accused witches to court. Anita Walker emphasizes that the public official player typically created legal procedures for the possessed's accusations to reach court in hopes that legal action would keep the possessed's demon at bay.<sup>60</sup> Indeed, the legal mechanisms set up by the public servant players certainly stemmed from their ordering functions during a period when a case of possession had the potential to cause public uproar and confusion. Klaitz has noted that, in some cases, the legal groundwork that contributed to "killing the witch ended an epidemic of possession."<sup>61</sup> By bringing possession and subsequent witch accusations into secular courts, the public servant players as a group may have attempted to keep order and prevent possession from consuming and entire populace.<sup>62</sup>

Other historians have stressed that public officials used possession to bolster a courtroom judgment after an accusation was made of witchcraft. Such interpretations build upon how magistrates used leading questions in possession interrogations to authenticate that the possessed's affliction was due to the accused witch's deployment of supernatural powers.<sup>63</sup> Similarly, magistrates used the physical contortions, cries, and accusations of the possessed in courtrooms or on public stages to justify and reinforce the legal proceedings against accused individuals.<sup>64</sup> For instance, magistrates, especially those in Loudun, granted exorcists the authority to perform their exorcisms in full public view, which perhaps helped gain popular support for judicial use of possession in the courtroom later on.<sup>65</sup> However, such use of possession to advance court cases did not last throughout the early modern period. The possessed person's fits and claims became more controversial around the same time the public officials

began doubting the use of spectral evidence (often given by possessed persons), especially in the Salem possession cases.<sup>66</sup> Some historians, such as Klaits, have noted the importance of judges' skepticism in ultimately stalling prosecutions and finally ending mass witch-hunts.<sup>67</sup>

### **The Possessed:**

The most highly debated player of early modern Western cases of possession is the possessed. Historians' interpretations vary most widely as to how and why the possessed experienced their possession. Indeed, many historians use their construction of the possessed to set forth new ideas and develop their central theses, whether favoring a social, political, or medical analysis. As mentioned before, accepting early modern figures as people truly affected by possession or demons is a difficult concept for most modern analysts. Historians, often in the same pen-stroke as outlining their argument, ponder the power relationship between the possessed player and the rest of early modern society. Although historians vary considerably when describing the vantage point of the possessed, their interpretations usually choose one of two portraits; the possessed appear as passive tools of elders or authority figures or as active, manipulative players.

Almost all historians concede that, on some level, those who were possessed experienced their possession in a passive manner, either through the instruction of authority figures or the pressures of society and family members.<sup>68</sup> Indeed, such historians emphasize how "possession was acceptable, if not actively encouraged, because it ultimately affirmed existing gender and class arrangements, specifically the subordinate position of the possessed."<sup>69</sup> Under such an interpretation, the possessed girls saw their possession as a culturally-sanctioned way for them to express their discontent with their life and confront those in power, actions typically forbidden to them.<sup>70</sup> Some of the possessed, when questioned about their sincerity, relied on their positions as

pawns of people in authority to vindicate them from any legal or social wrongs.<sup>71</sup> For instance, we see such a role in the 1604 British possession case of Anne Gunter. In order to avoid royal punishment from James I's court, Anne admitted that, while sick, her father forced her to present the symptoms of possession.<sup>72</sup> Indeed, sometimes such a tactic seems to have been vital to prevent the possessed from becoming accused of witchcraft themselves, a very real possibility considering that the possessed were understood to have already had intimate contact with demons or the devil himself.<sup>73</sup> Historians, such as Klaitz, discuss possessed women especially as pawns of male authority members whose fantasies were reinforced and guided to attain the results of that authority.<sup>74</sup> Indeed, when re-examining the experiences of the authorities of the body, the magistrates, and the family, one can easily see how possessed persons were responding to designs beyond their control.

Furthermore, some historians attempt to portray the passive possessed player through a psychological lens. Such interpretations typically use an individual's past trauma to explain psychosomatic symptoms that were understood by the community as possession fits. As Karlsen demonstrates, possession provided an "altered state of consciousness which some women enter[ed] as an involuntary reaction to profound emotional conflict."<sup>75</sup> Because the possessed young women became overly frustrated with their subordinated positions in life, Karlsen postulates that their psychological rage manifested in physical symptoms, allowing them to disengage from their everyday duties. For instance, many of Salem's possessed girls had lost one or both of their parents in violent Indian attacks along the Maine frontier years before the witchcraft accusations. As orphaned refugees, they had few prospects for marrying advantageously or rising above the ranks of household servants. Karlsen indicates that such a diminished position in society contributed to the specific possession symptoms; the Salem girls

inadvertently became physically or mentally incapable of completing their everyday tasks when in possession fits.<sup>76</sup> However, although this psychological explanation seems to bolster the passive nature of the possessed girls, it remains highly debated.

Although many historians see some experiences of possession players as indicators of their subordinate position in their early modern worlds, many agree that possessed players temporarily wielded an active power otherwise unknown to their demographic group or time period. Such an interpretation applies especially when considering those possession cases of young women. Karlsen argues that women engaged in possession as “a dramatic religious ritual through which young females publicly enacted their struggle”<sup>77</sup> against their inferior or powerless position in the social hierarchy. Following this interpretation, many historians have also noted that possessed women were able to act contrary to social norms without facing reprisals.<sup>78</sup> Historians, such as Kaplan, show that through seemingly conscious attempts to amass attention and power, some possessed women appeared to be much more active in their possession than others. The Utrecht possession case of Clara and Mayken drew skepticism especially after the girls both first declared themselves as being possessed before the introduction of players of authority.<sup>79</sup> Anita Walker echoes this active and powerful interpretation of possessed women, especially noting how some were able to combat and interact with male authorities in public and private arenas through their demonic fits.<sup>80</sup> D.P. Walker, Anita Walker, and Sharpe agree that possessed players used their possession to attain vast amounts of usually positive public attention that would otherwise never come to them.<sup>81</sup>

Beyond the social notoriety and opportunities to get attention, historians have also interpreted the active possessed player as a seeker of economic gain and a livelihood. Indeed, D.P. Walker and Certeau emphasize how early modern French cases of possession led to some



girls and women gaining lifelong “careers” as possessed players.<sup>82</sup> The most famous case of an outwardly manipulating, active possessed player is that of Mother Superior Jeanne des Anges of Loudun. Historian de Certeau describes her overtly deceitful and manipulative behavior when discussing how she brought physical evidence, such as hawthorn thorns, into her possession mysteriously and would work on her performance as a demoniac in private.<sup>83</sup> Her ascension to sainthood-esteem after her demons were expelled and the subsequent five-month tour also hinted at her active manipulation of possession.<sup>84</sup> Rapley bolsters such a perspective, as he notes that des Anges and the other possessed nuns all reinforced each other’s demonic fits and reconstructed each other’s stories to fit the authorities’ conceptions of possession.<sup>85</sup>

The possessed players experience in possession cases truly offers historians and interpreters a wide variety of perspectives, yet the true nature of the possessed player may never fully be understood, especially as many possessed women’s accounts were written by the observers around them. This research roadblock leads to the most powerful force of possession: the common populace.

### **Common Populace:**

Without question, historians have shown that the most important cultural player in the early modern possession cases in the West was none other than the neighbors and non-elite people in the possessed’s local community. Karlsen succinctly explains the importance of the common populace with her reminder that “the larger meaning of possession is cultural.”<sup>86</sup> Indeed, no matter how one interprets the possessed or authority players, their actions, in both early-modern France and colonial New England, reflect that their behavior stemmed from a common source

beyond their immediate environment; the popular culture the players operated in ultimately determined the experience of possession in the early modern period.<sup>87</sup>

How could the common populace player be such a powerful force when compared to authority players? The populace player exerts not direct control, but an all powerful and constant indirect influence. Kaplan shows that the populace is “a potent force, demanding a response from elites and circumscribing the courses of action available of them.”<sup>88</sup> Although such a societal-driven force could be applied to any event or period in history easily, the common populace played crucial and definitive parts in accepting and perceiving demonic possession across the early modern West. The common populace exercised its influence in possession cases by first shaping and accepting normal (non-possessed) behavior and, second, by enabling and supporting possession cases deemed genuine.

The common populace shaped what could be considered normal or abnormal behavior as understood in the natural and even spiritual world; therefore, it was the non-elite multitude that provided the archetype of possession by accepting and responding positively to a certain version of normal life.<sup>89</sup> Indeed, the types of possession fits and subsequent reactions and treatments were “not haphazard but [were] structured and culturally determined.”<sup>90</sup> Historians have seen this power structure especially when studying early modern France, where the common populace’s voice demanding the spectacles of exorcisms was so powerful that it overrode strict Protestant ideology and influenced some Protestant ministers enough to perform exorcisms themselves.<sup>91</sup>

Other players in possession cases may have been acutely aware of such a dynamic role the common populace played, especially when considering how many other players kept the possession cases highly public to help bolster their reputations as genuine.<sup>92</sup> Indeed, stages were

literally erected in early modern France so that the exorcists could better display their possessed sufferers to the multitudes.<sup>93</sup> It is estimated nearly 150,000 individual witness possessions on these stages in the sixteenth century alone.<sup>94</sup> Some demoniacs, including Marthe Brossier of France, would never have been able to become what were termed “career demoniacs” without a huge base of onlookers participating passively at public exorcisms.<sup>95</sup> The populace used the power of popular opinion to either confirm possession cases as genuine or to expose fraudulent cases that did not follow the culturally acceptable patterns.<sup>96</sup>

Clearly, demonic possession in the early modern West was anything but an isolated phenomenon observed in a cultural vacuum. Indeed, early moderns constantly grappled with accepting and legitimizing demonic possession and molding it to their everyday lives. One of the only effective means of comprehending the significant influence of demoniacs in this period is an analysis of modern interpretations. Through this compounded lens, one can fully grasp the relative dynamics of cultural players in different places and specific times. Moreover, the analysis establishes the great variety of frames by which individuals occupying the same societal player category interpreted possession differently. Such methodologies plainly show that the most dominant and influential authority surrounding possession cases came not from the members of societal authorities, such as clerics, doctors, or magistrates, but from those who otherwise did not have any specific authority: the common, non-elite populace. Such a conclusion demonstrates both the ultimate power and threat that public opinion constructs poses for any given period of human history. This understanding may help historians better comprehend those parts in history that some modern day scholars dismiss as outliers in the progression of mankind, such as witchcraft and demonic possession.

Historians' in-depth observations concerning the complex interactions in early-modern society seems too shallow once one expands the historical scope and enters the modern period. Perhaps this occurs because Christian possession cases declined along with the Great Witch Hunt, and thus many assume that such societal relations too ended. Perhaps because we feel that we are so far removed from the early-modern period, we must treat all within the time period as if it were completely disconnected from present-day society. Yet, are such assumptions justifiable? We may need to open our minds to the possibility that the experiences of early-modern players are related in some fascinating and compelling ways to the present day. In answering such questions, I will uncover a latent social history that has persisted beyond the realm of what we perceive as a fixed past.

## Chapter 2: Modern Contact with Mass Conversion Disorder

Throughout the modern period, medical professionals have been baffled when clusters of young women in different settings exhibited puzzling sets of symptoms that appeared to have no readably discernible biological or scientific explanation. These girls began to have pseudo-seizures, twitch incessantly, show signs of high fever, feel nauseous, and suffer severe fainting spells that prevented them from carrying out most if not all of their daily functions. In some cases, patients became paralyzed for months on end. Stranger still, doctors and healthcare professionals could find no physical or neurological culprit. Pressure mounted when the symptoms proved to be highly contagious; within days of one girl manifesting the mysterious condition, others in and out of her peer group displayed the same bizarre behaviors seemingly against their will. These outbreaks were not isolated to specific states or nations; tens and perhaps hundreds of such cases have occurred in the last thirty years alone on nearly every continent.<sup>1</sup>

Professionals disagree over what to call the phenomenon. When analyzing similar outbreaks in early modern Europe, scholars have no trouble calling these cases demonic possession, just as early moderns did. In contrast, outbreaks in the last century have earned in the order of thirty terms, based on a survey of over 100 articles reporting on the phenomenon. Terms applied by psychologists and other observers since the mid 1900s include: epidemic hysteria, mass hysteria, mass psychogenic illness, mass sociogenic illness, and mass psychosomatic disorder.<sup>2</sup> In the terms, one can see the influences from disciplines such as psychology, psychiatry, and neurology. Adding to the confusion is the fact that individual experts have not been consistent when discussing a single case (i.e. experts' notes tend to use different terms much more loosely than diagnostic nomenclature).<sup>3</sup> Moreover, the list conveys more than mere

linguistic discrepancies one would anticipate seeing in the opinions of professionals from different academic background. Indeed, the plethora of terms evinces far more significant meaning; each term carries specific historical and sociological implications.

The range of terms reflects developments in the fields of psychology, psychiatry, and general medicine since professionalization began in the late eighteenth and nineteenth centuries. Even after the establishment of psychiatry and its close counterpart, psychology, as clinical professions around 1790s, the twentieth century ushered in highly contested debates concerning the direction, scope, and authority of the fields.<sup>4</sup> Although these debates press on in the present day, one can gather an idea of Westerners' cultural opinions towards the mind and body during specific periods by studying the terminology used at those points. Specific cultural inferences are so easily communicated through terminology, thereby making some of the popular terms for mass conversion disorder seem inappropriate and, in some cases, offensive.

For example, until recently it was acceptable to label the outbreaks I have described as "mass hysteria" and "epidemic hysteria." But in the 1980s, hysteria was removed from the Diagnostic and Statistical Manual (DSM-III), the most widely used guide for diagnosing recognized mental disorders.<sup>5</sup> Such a revision stems directly from origin and use of the word. Hysteria comes from the Greek word meaning womb, and was thus understood as a woman's disorder that stemmed directly from the biology of the female gender.<sup>6</sup> Hysteria was a widely used diagnosis in the late eighteenth and nineteenth century, and became prominent in the field of psychoanalysis and sexual theory under Sigmund Freud's influence. Within this context, hysteria came to be seen as a disorder caused by the repression of childhood abuse or latent sexuality. Essentially, Freud and his contemporaries argued that if one were to become aware of

such hidden repressions (and thus no longer subconsciously suppress them), a patient would be cured of their hysteria.<sup>7</sup>

Psychiatry's treatment of hysteria with psychoanalysis declined significantly around the 1950s as the medical field determined that biology and genetics had just as much (if not more) to do with mental illness than suppressed thoughts and emotions.<sup>8</sup> Indeed, some argue that psychiatry become too akin to neurology during this transition and neglected other contributory factors. Despite this change in general thought in the field, hysteria remained in the vocabulary of professionals; according to psychiatrist Robert Hales, hysteria was still often used to describe "dramatic and volatile" personalities of female psychiatric patients.<sup>9</sup> This use of hysteria persisted up until nearly the turn of the twentieth-first century when professionals decided to stop using the term because of its historical and offensive meaning. However, although not present in most current diagnostic models (which prefer conversion disorder), a majority of scholarly articles and anecdotal accounts used the term "epidemic hysteria" at least until the early 1990s.<sup>10</sup>

The remaining terms on the list to describe such strange behavior are much less controversial and more widely accepted than "hysteria." However, in light of this paper's goals of analyzing the complexity of the behavior, I will only use conversion disorder. My choice reflects the flexibility and lack of specificity of the term. Experts use conversion disorder to explain how some sort of psychological or unexplained factors processed in the mind are converted to physical symptoms through an unidentifiable mechanism.<sup>11</sup> Each of the other terms carries with it subtle implications that could make the discussion of the behavior induction-based instead of deduction-based. For instance, the terms "psychogenic" and "psychosomatic," although clearly favored amongst many psychologists to describe the phenomenon, focuses greatly on the psychology of the behavior, therefore perhaps dismissing other outside factors that

may play key roles in the patients' behavior. I want to note that these terms are widely accepted by the medical community and appear in many scholarly articles. Many cases may warrant purely psychological explanations as the source of the behaviors, yet I prefer to err on the side of caution and will use conversion disorder in order to not exclude cases that seem to have different explanations.

Along the same line of thought, the term "sociogenic" does not seem to fit perfectly within the goals of this paper. However, this is not to say that the term is inappropriate; it is merely too specific for this particular study. Indeed, epidemiologist Erica Weir emphasizes the value of the term sociogenic in her brief literature review published 2005. Weir claims that sociogenic is a helpful term to use when studying the phenomenon because it not only stresses the collective nature but also the dynamic shifts and interplay among individuals who exhibit the disorder.<sup>12</sup> Clearly, this type of focus and subsequent conclusions elicits great interest and material for discussion. Yet, much like the use of "psychogenesis," using "sociogenic" may prove to be much more inductive than deductive in unpacking the disorder, and will perhaps prevent the analysis of other key factors.

The current edition of the *Diagnostic and Statistical Manual* (DSM-IV, 1994) places conversion disorder under the broader category of somatoform disorders. Before we can analyze what the DSM-IV says about the disorder, we must understand how the DSM-IV is compiled. It is the result of thousands of individuals and many professional organizations revising and voting on what is to be included and how the manual will be organized and diagnoses defined. Such a process is never-ending; the next version is already being put together.<sup>13</sup> Thus one must interpret the DSM-IV as a mutable entity that is constantly being reframed and debated by medical experts.



The manual states that “the term conversion derived from the hypothesis that the individual’s somatic symptom represents a symbolic resolution of an unconscious psychological conflict, reducing anxiety and serving to keep the conflict out of awareness.”<sup>14</sup> More specifically, the manual lists the diagnostic criteria for conversion disorder as:

- A. One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition.
- B. Psychological factors are judged to be associated with the symptom or deficit because the initiation or exacerbation of the symptom or deficit is preceded by conflicts or other stressors.
- C. The symptom or deficit is not intentionally produced or feigned (as in Factitious Disorder or Malingering).
- D. The symptom or deficit cannot, after appropriate investigation, be fully explained by a general medical condition, or by the direct effects of a substance, or as a culturally sanctioned behavior or experience.
- E. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation.
- F. The symptom or deficit is not limited to pain or sexual dysfunction, does not occur exclusively during the course of Somatization Disorder, and is not better accounted for by another mental disorder.<sup>15</sup>

Although the above criteria seem to lay out steps that would allow one to precisely diagnose conversion disorder, arriving at a diagnosis has proven difficult. Note that the disorder is understood by not by the presence of any specific symptoms, but by the lack of others. For instance, criteria C, D, and F on the list focus on the exclusionary nature of the diagnosis; medical experts must first exhaust all other possibilities before concluding that a patient has conversion disorder. Some may feel that this route to positive diagnosis is necessary, even though arduous, but, as many medical experts have noted, it also makes the diagnostic process diagnosis appear highly subjective and, in the face of resistance from patients and family members, sometimes no diagnosis is made.<sup>16</sup> Indeed, the difficulty in defining the scope of conversion disorder intensifies greatly when considering cases of mass conversion disorder

(where many individuals in a community are affected), in which experts must expand their scale of diagnostics and incorporate concepts of group functioning and contagion into their analysis.<sup>17</sup>

Despite difficulties and obstacles in defining the disorder, the National Institute of Health currently reports an average of two cases of individual conversion disorder per week; however, unlike the individual cases, the NIH claims that mass conversion disorder is a much rarer phenomenon. Prior to 1994, the DSM reported that the prevalence rate for individual cases ranged from 11/100,000 to 300/100,000 in general population samples. Interestingly, women greatly outnumber men in cases of conversion disorder, with ratios ranging from 2:1 to 10:1. These highly varied ranges of quantity and gender composition seem to reflect infrequent reporting of cases in published literature during the twentieth century, a difficulty noted by Leslie Boss in her 1994 survey of studies of the disorder.<sup>18</sup>

While much rarer than individual cases, mass conversion disorder cases have occurred throughout the modern period, across all geographies. In fact, perhaps two of the most interesting cases, that of Le Roy, New York, and that of Chalco, Mexico, happened within four years of each other despite being over 2,500 miles apart and occurring in vastly different cultural settings. In 2006-2007, the Catholic boarding school for poor girls in Chalco (near Mexico City) reported that 512 girls, one teacher, and a couple of nuns had contracted mass conversion disorder that persisted for months. The afflicted students “presented elevated body temperature with fever-like symptoms... diarrhoea, [sic] nausea, predominantly frontal cephalgia, then pain when walking, mainly in the knees, which ‘creaked’ or ‘throbbed’ and bent involuntarily.... Some were unable to walk at all.”<sup>19</sup> The leading epidemiologist in Chalco, Nashyiela Loa Zavala, concluded that the strict discipline and the Catholic rhetoric, plus the trigger of a curse by an expelled student, Maria, caused the contagion and persistence of the disorder. Of all triggers, Zavala cites Maria’s

use of Ouija and curse upon the school after she was expelled for using dark magic as the most immediate one.<sup>20</sup> Physicians were called in to search for viruses, bacteria, and toxic agents, yet found nothing. Five years after the Chalco outbreak, a group of fifteen girls started experiencing uncontrollable twitching and seizures in Le Roy, New York. This time, however, they were not students at a strict Catholic boarding school, isolated from the rest of the community; they were average American public school students.<sup>21</sup> Media sources quickly picked up the story, and as a result of the national attention, experts began pouring in and attempted to determine what was causing the girls' strange, almost Tourette-like symptoms. Again, they could not identify a biological or environmental culprit.<sup>22</sup>

How does one begin to comprehend these two seemingly different cases of mass conversion disorder, let alone the hundreds of others? How have these cases affected their communities and experts' modern grasp of disease and disorders? To fully investigate modern day conversion disorder, I turn again to an analysis of key societal players, shedding light upon what otherwise has been sensationalized as a "mysterious illness."<sup>23</sup> Such an approach will prove invaluable to understanding and perhaps aiding current and future mass conversion disorder cases. Compared to early modern period, we see some familiar actors (such as the afflicted person and their family members) and some new ones. The modern literature and primary source material relating to mass conversion disorder contain the following players: the medical expert, the family, the patient, and the media. Although the disorder has also occurred in Africa and Asia, our focus here is primarily on cases from communities in the American hemisphere that are heirs to early modern European culture, specifically those of Chalco and Le Roy with supplementary information from similar cases.

### **The Medical Player**

Medical experts played direct roles in mass conversion disorder as they are often the first to respond to medical emergencies. The current literature and primary sources suggest that medical experts act in three major ways when in the presence of mass conversion disorder; first, medical players use such cases to assert the authority of their fields. Second, they act as the gatekeepers and definers of diagnoses. Lastly, and much less commonly, medical experts act as instigators in the spread of mass conversion disorder. Such an array of medical response to conversion reflects the complexity of the disorder and the evolution of the experiences of the medical figure from the early modern period. In many cases in the West, the medical player's repertoire of explanations for bodily ills no longer includes the possible influence of spiritual forces; instead, conversion disorder focuses almost exclusively on the interplay between the mental and physical realms of the body. However, eliminating God and the Devil as possible actors within the body has not necessarily alleviated the intensity or difficulty in the medical player's role. If anything, doctors and medical experts seem to struggle more in explaining behaviors that have no physical or biological culprit now than in the early modern period.

The evolving medical landscape clearly has influenced how medical players use cases of mass conversion disorder to assert their authority. In most doctors' and other medical experts' attempts to diagnose and treat the patients of conversion disorder, many inadvertently end up focusing on their place (both individually and professionally) amid the chaos that often occurs. Indeed, most medical professionals seem quite uncomfortable when presented with any possible case of conversion disorder. This feeling is perhaps well-founded; accounts of mass conversion disorder only started to appear in medical literature in the late twentieth century, leaving many without any formal training or prior knowledge concerning the disorder.<sup>24</sup> Although recent cases are more likely to be reported and published for the benefit of the medical community, the toolkit

of the medical player has not yet been altered specifically to treat conversion.<sup>25</sup> Therefore, medical experts have used their place in conversion disorder cases as an opportunity to define themselves and their profession. One can see this experience in the shift in how doctors and other medical experts attempt to quantify and report cases of conversion; instead of relying upon self-reported complaints of symptoms by the affected individuals or other such allegedly ‘soft’ data, doctors currently emphasize making clear clinical observations offering ‘hard’ data through laboratory measurements.<sup>26</sup> The medical player seems focused on staking out their authority in the face of conversion disorder. Indeed, some doctors have pushed to clarify their professional authority in conversion disorder by proposing possible biological reasons for the disorder, a disorder that is understood as devoid of all biological explanations. From Anti-N-Methyl-D-Aspartate Receptor Encephalitis to Functional Unawareness Syndrome, some experts seem so preoccupied with identifying such biological culprits that they reveal a need to substantiate and confirm their authority in the cases.<sup>27</sup>

One can further see the medical player’s need to validate their authority in cases of mass conversion disorder in the plethora of doctors that examine the patients. In the Chalco case in Mexico, over twenty psychiatrists and psychologists from federal hospitals interviewed the girls, while many other types of doctors, such as neurologists and general physicians, simultaneously attempted to identify the disorder.<sup>28</sup> In fact, there seems to be confusion within the medical profession about who should or even can diagnose mass conversion disorder. In the Le Roy case, neurologists were the first to diagnose the girls with conversion disorder, whereas psychologists and psychiatrists have been the players in other cases.<sup>29</sup>

The second medical expert’s role is as a diagnostic authority. The diagnostic authority directly shapes how the community and patients understand mass conversion disorder in three

types of sub-experiences. The first occurs when the expert works to exhaust all other potential categories to diagnosis conversion. The second focuses on the medical player's role in creating barriers for diagnosis and treatment, while the third describes the medical player's experience of suspecting and identifying fraud.

Perhaps the medical player's most time consuming task surrounding mass conversion disorder is proposing and then confirming the diagnosis, specifically through ruling-out all other possible diseases and disorders. The medical player draws on vast resources and personnel in the ruling-out phase of diagnostics; possible culprits for the strange behaviors have included "Lyme disease, pesticides, electromagnetic fields, government experiments, and magnesium deficiency."<sup>30</sup> Moreover, given our culture's concern with environmental contamination and pollution, many medical experts, especially epidemiologists, first fear that the erratic symptoms are indicators of exposure to "nuclear release, smog, contamination of a water supply, or mass chemical exposure."<sup>31</sup> Other causes can be much more specific to the scene of the outbreak; for instance, in Chalco, the medical players searched for food that could be contaminated with bacteria.<sup>32</sup> Ruling out such a wide range of possibilities involves a significant financial and time burden, a burden that seems to increase as the medical player draws closer to the diagnosis of conversion disorder. As Boss aptly notes, "because epidemic hysteria is a diagnosis of exclusion, there is always the concern on the part of the investigator that the 'real' cause of the illness is being overlooked, often leading to additional explorations and resulting costs."<sup>33</sup>

After this long and arduous process of diagnosing conversion disorder, the medical player continues to play a vital diagnostic part. To verify and perhaps strengthen the overall diagnosis, doctors must identify some sort of trigger that could explain the first case and subsequent contagious spread of the disorder. Typically, medical experts either identify a perceived

environmental factor, such as a strange odor, or a long-term stress factor that makes the index (the first person to contract conversion disorder) the first to show symptoms.<sup>34</sup> Then, the medical player usually attempts to trace the means of contagion—how others interact with the index and ultimately became affected. By explaining the start and spread of the strange behaviors, medical experts seem to sometimes meet a community need of comprehending the situation and then are able to transform into more active diagnosticians; by convincing others of the diagnosis, the medical player hopes to prevent further spread of symptoms and to start treatment.<sup>35</sup>

The medical player's diagnostic experience is often much more difficult than following step-by-step procedures. The composite of the medical player, although widely collaborative, is not a homogenous entity; in both the Le Roy and Chalco cases, some of the professionals who were consulted disagreed with the diagnosis of conversion disorder, preferring instead to see what researcher Steven Novella calls their own “pet diseases”<sup>36</sup> in the patients. For instance, Dr. Rosario Trifiletti remained convinced that the girls in Le Roy had a “rare condition known as PANDAS (pediatric autoimmune neuropsychiatric disorder associated with streptococcal infection).”<sup>37</sup> Others simply were not satisfied that all other health possibilities were addressed. Despite such discrepancy, the medical players as a whole are the gatekeepers and positive diagnosticians of mass conversion disorder.

Medical professionals often resist “seeing” conversion disorder because of biases built into their training and the institutions that support their work. According to Dr. Robert Rosenbaum, “many physicians still have a substantial bias against psychiatric patients... [and] have ignored all further somatic complaints.”<sup>38</sup> Indeed, the biases against specific types of patients have made diagnosis and treatment of mass conversion disorder exceedingly difficult. Such biases, as Boss describes, make many “unwilling to even consider the possibility of

epidemic hysteria, especially when doing so involves labeling ill children as hysterical.”<sup>39</sup> These biases within the medical field are not only dangerous because they may prevent the identification and treatment of mass conversion disorder, but, as Dr. Fava explains, they cause practitioners to dismiss the “social context of medical practice,”<sup>40</sup> narrowing doctor’s views their patient.

Because conversion disorder is such a controversial and highly debated diagnosis, the medical player exhausts all efforts to determine whether specific cases are real or consciously feigned. Timothy Nicholson, a conversion disorder scholar, focuses on the need and difficulty in distinguishing trickery from real conversion. He explains that “the current orthodoxy presumes conversion disorder is distinct from feigning in that symptoms are not under conscious control... yet many today would consider there to be a spectrum of awareness or conscious control.”<sup>41</sup> Furthermore, this lack of clear distinction between conscious control and unconscious somatization of physical symptoms makes the medical player’s diagnostic task all the more difficult. Many medical players, specifically neurologists, typically assume the patient is always feigning because of the ambiguous role of the conscious in the disorder.

Surprisingly, the third major type of role that medical players may play in communities affected by conversion disorder is as instigators in spreading the disease. Evidence of this appears much less in literature, yet this instigating role carries great in cases. For instance, the psychologists interviewing the 512 girls from the mass conversion disorder in Chalco found that the medical team’s presence seemed to increase the number of girls who became afflicted. Epidemiologist Zavala surmised that the promise of one-on-one interviews with the psychologists may have led subconsciously influenced the spread of disease among the socially isolated population of adolescent girls; to become afflicted afforded the girls an uncommon



opportunity to receive attention in the strict boarding school environment from medical experts.<sup>42</sup> Zavala's fears concerning the counterproductive and perhaps inflammatory effect of medical players' presence in mass conversion disorder are universal; medical response in many cases does seem initially to increase the number of afflicted individuals, as seen in Le Roy and Chalco. Specifically, the mere presence of emergency response vehicles and medical personnel, such as ambulances and EMTs, has the potential to confirm potential yet unproven contagious disease in the eyes of the public, thereby increasing the spread of symptoms.<sup>43</sup> Although not usually the desired experience, medical players seem to act as instigators of conversion disorder unconsciously and perhaps inevitably.

### **The Family Player**

Families are of course the intimates of patients, and are thus exposed to the symptoms and struggles of the patients up close. The experiences of families affected by conversion disorder have been quite diverse; family players variously respond as defenders of their daughters' mental health, as obstacles to their daughters' treatment, or as facilitators of treatment. Unlike the family members of the early modern girls affected by demonic possession, no families in modern cases have acted as exploitative agents or promoters of their daughters' publicity. In fact, the family players in conversion seem overly concerned to shield daughters from the public stage.

The first experience of the family player in mass conversion disorder focuses on defending the girls' psychological state after their symptoms are diagnosed as conversion disorder. Many parents, especially those in the Le Roy case, were reluctant to have their daughters illustrated as "crazy" or "head cases" on the international stage when experts found no biological or environmental agent to explain their symptoms. Indeed, many scholars point out sympathetically that family members "have to deal with a delicate neurological ailment before

the public eye.”<sup>44</sup> The exclusionary nature of mass conversion disorder clearly fuels families’ fears that the public will interpret their children as crazy or, perhaps worse, as deceitful players. Such well-founded fears seem to bring out a defensive stance in many families. For instance, Jim DuPont, the father of one of the afflicted girls at Le Roy, rejected expert diagnoses and worked hard to find some other explanation for his daughter’s tics and pseudo-seizures. For instance, he reported to the media that the “incomplete combustion of natural gas from four wells drilled on school property”<sup>45</sup> was a possible and uninvestigated cause for the girls’ symptoms. DuPont was not alone in this type of family response; other parents at Le Roy fought to confirm their daughters’ sanity. One mother, Beth Miller, suspected that an unknown toxin or strep virus caused her daughter’s strange behavior, and criticized the authorities for not responding to other children’s complaints of non-conversion stomach problems and headaches.<sup>46</sup>

The Le Roy parents were not alone in their defensive and protective reactions. Many Chalco parents behaved similarly. Although no primary source material exists directly from the parents, the head of the Chalco school, Sister Cheong, commented that “parents become afraid and lose their heads”<sup>47</sup> when they see and hear that their daughters have mass conversion disorder. Although one could surmise that such a reaction is natural on the part of any parent upon learning that their child is sick, other evidence suggests that parents especially objected to their daughters being portrayed publically as victims of mental illness. In fact, parents quickly withdrew their daughters from the school and all medical observation once they and the public became aware of the unfolding mass conversion disorder.<sup>48</sup> Both the Chalco and Le Roy experiences of families defending their daughters seems to evince the controversial nature of mental illness in the modern West.

Family players could also be obstacles to treatment. This sort of reaction often accompanies families defending a daughter's mental health, which thus makes them and perhaps the public reject the diagnosis of mass conversion disorder. When a family member rejects the diagnosis of conversion disorder, perhaps necessary treatments for the disorder never begin. Typically, this rejection and subsequent halt in treatment causes the symptoms to spread to others and persist in the community for months and in some cases years. If the disorder is never properly addressed, community members remain fearful that a disease or disease agent is in the environment; the resulting stress may trigger symptoms in a new patient.<sup>49</sup> Moreover, some suggest that the added stress of families' fights over the diagnosis increases stress in the afflicted girls' life, thereby possibly making the conversion worse.<sup>50</sup> Research shows that all such consequences are unintended and usually only evident after many years have passed. Therefore, the family player's role as an obstacle to the treatment of mass conversion disorder is indirect and is arguable a result of general, cultural resistance to mental health diagnoses than an expression of parents' ill will toward their children.<sup>51</sup>

Family players also have acted as healers in mass conversion disorder. This last category can be seen most evidently (albeit indirectly) in the Chalco case study, in which the family (or lack of a family) seems to have played a huge role in the conversion experience. Head epidemiologist Zavala has identified that the schoolgirl's parents and family essentially played little direct roles before the outbreak; in addition to complying with strict rules and harsh discipline, the girls at the Chalco boarding school were only allowed to see their parents three times a year for brief durations (the shortest being a mere six-hour visit at the school).<sup>52</sup> Moreover, prolonged abuse (as well as witnessing abuse) strained some of the girls' relationships with their families prior to their arrival at the boarding school, thereby intensifying their

emotional isolation.<sup>53</sup> Indeed, Zavala argues that the girls relied heavily on pre-existing superficial family-like structures contained in the hierarchy of the boarding school to fulfill emotional needs. However, their attempts were futile as the nuns discouraged this type of relationship; if any one student became too attached to a particular religious sister or mother, that student was expelled.<sup>54</sup>

How could the family player thus act as healers in this context? Experts, including Zavala, point to cases of girls rapidly recovering from their conversion disorder once their parents removed them from the boarding school.<sup>55</sup> This result, along with evidence that shaky family structures may have caused this particular case of mass conversion disorder in the first place, stresses the role of the stable family as a healing entity for the afflicted girls. Despite their capacity for creating a stressful environment for girls, families seem to have the capacity to heal conversion disorder and stop the psychosomatic symptoms. Indeed, Zavala highlights the role of the parents in ultimately stopping the strange symptoms of their daughters in her conclusion of her investigation.<sup>56</sup>

### **The Patient Player**

The patients clearly experiences mass conversion disorder more directly than any other societal player. Yet, who are these patients? Can they be considered a homogeneous group whose members have the same experience of the disorder? How do they view their own conversion disorder? Such questions are vital for comprehending the complexity of issues facing patients.

Throughout this chapter, the patients have often been referred to as girls. This is not to say that no other age group or sex became afflicted with conversion disorder, but young females by and large have a much higher rate of conversion than any other group, especially any age

group composed of males.<sup>57</sup> That said, the age and gender composition of late twenty-first-century cases has proven to be more diverse than in earlier periods; clusters of affected people often include some boys and adults among the afflicted.<sup>58</sup> Some scholars suggest that this varied composition can be accounted for by the increase in social environments that have integrated the sexes, such as schools and the workplace.<sup>59</sup> (As a side note, recent cases of mass conversion disorder have more afflicted individuals per case, yet endure for a shorter amount of time than cases earlier in the modern period.)<sup>60</sup>

Some recent experts have constructed typologies of patients vulnerable to conversion disorder. Some point to overly strict and often religious upbringings as potential indicators of conversion disorder vulnerability.<sup>61</sup> Others cite histories of abuse or high stress as factors that could contribute to conversion.<sup>62</sup> Although such explanations may indicate why one individual may be likely to display conversion syndromes, it is important to note that not all patients came from stressful, overly religious, or harsh childhoods; indeed, most of the afflicted girls at Le Roy seem to be average American public school students, and not all girls at the Chalco boarding school had experienced familial abuse.

Perhaps the best way to understand the patient's experience rests not on how others interpreted their conversion disorder, but on how they themselves understood and rationalized their symptoms. Taking this view, one can see three patterns: some reject the idea of mass conversion disorder, others view their conversion as a type of feigning, and yet others see their conversion as a form of punishment or reward.

Rejecting conversion disorder as the appropriate description of their symptoms prevails among modern patients whose reactions have been documented. This reaction is usually shaped by family members' doubting and rejecting the proffered diagnosis; research shows that young

patients typically agree with their parents' perspective, especially when outside experts diagnose them with a psychological disorder.<sup>63</sup> Many patients, especially those in Le Roy, reject that conversion disorder caused their symptoms, and demand "an answer. A straight answer."<sup>64</sup> Such demands imply that the diagnosis of conversion disorder is unsatisfying and confusing to patients and their families. Indeed, this rejection of conversion disorder seems to be an expression of anger and confusion; the patients do not seem to fully understand conversion disorder, and instead view it as lazy diagnosis by medical experts who are tired of investigating. This line of thinking unfortunately prolongs many patients' symptoms, thus causing them more strain than if they were able to accept the diagnosis.<sup>65</sup>

Patients sometimes suspect themselves of feigning symptoms. One does not expect this, yet Dr. Timothy Nicholson has identified cases in which patients become suspicious of whether their twitches and seizures are involuntary. This self-questioning seems to also stem from attitudes of those surrounding the patient: "feigning is still often suspected by neurologists, sometimes by the relatives and friends of patients and occasionally even by the patients themselves."<sup>66</sup> Sometimes such suspicions on the patient's part are quite unfounded and reflect only the perspectives of others. However, some patients actively engage in feigning their symptoms to achieve specific goals. For instance, some girls at Chalco purposefully adopted their classmates' symptoms to receive the attention the afflicted seemed to be rewarded with.<sup>67</sup> However, experts dispute how long this conscious feigning lasted; some argue that those girls who at first pretended to have the symptoms eventually became genuinely afflicted themselves.<sup>68</sup> Despite the uncertainty concerning which patients were feigning their symptoms, the doubts of feigning seems to have preoccupied many patients.

In Chalco, some afflicted girls interpreted their symptoms as either a blessing or punishment. A handful of girls saw their physical pain and impairments as challenges or blessings from God to test and prove their faith.<sup>69</sup> However, more students saw their painful symptoms and near paralysis as forms of divine punishment. When interviewing patients, epidemiologist Zavala remarked that some of the girls exhibited signs of deep guilt and personal anguish when speaking about their disorder. To the patients, conversion disorder seems to be a worthy punishment for the bad within them.<sup>70</sup> This concept of an inner ‘bad’ seems to relate most to feelings of “envy, jealousy, rivalry and love towards their classmates, [and] hate towards their parents and religious mothers,”<sup>71</sup> and perhaps stems from abuse suffered in youth. Moreover, perhaps this type of reaction occurs primarily in strict environments where individuals are forced to constantly reflect and repent. Therefore, we do not see such reaction in cases other than Chalco.

### **The Media Player**

The media acts as a major societal player in modern mass conversion disorder cases, especially in light of significant advances in communicative technology. The industry extends its tremendous reach and influence all over the world. The media player proves to be quite a complex societal player; news reports and social media have the ability to both reflect and influence how people think and act. Indeed, one can often trace the current cultural feelings or biases of a population during a particular time by analyzing popular media. Therefore, the experience of the media provides supplementary commentary concerning the experience of the general populace. Research shows that the media societal player acted in mass conversion disorder mainly in one of two ways: as a diagnostic force and as an inflammatory force.

Medical experts are not the only ones who attempt to diagnose the patients. The media uses news reports in newspapers and on television not only to inform the community about the strange symptoms, but also to attempt to explain them. In this diagnostic role, some newspapers merely quoted medical experts, while others hypothesized without referents. For instance, in one case of mass conversion disorder, the media covering the case falsely reported that the use of poisonous gases had created the tics and seizures in the afflicted patients, implying that terrorists had attacked the community.<sup>72</sup> Other cases witnessed less drastic examples of the media's diagnostic force; sometimes, the media identified sensational theories and publish them as if they were representative of the medical consensus.<sup>73</sup> Beyond defining the symptoms as thrilling diagnoses, the media also wield the power to mold how laypeople interpret conversion disorder. Once medical experts had diagnosed the disorder, many news sources focused on labeling it as "mass hysteria"<sup>74</sup> or "collective hysteria."<sup>75</sup> Such choice in diagnostic language – which focused on hysteria – not only generated public interest, but painted a picture of the patients as crazy and irrational females for the public eye. It was perhaps such a public image that terrified and prevented the family and patient players from accepting a psychological diagnosis.

In almost every case of mass conversion disorder in the modern era, the media has acted as an inflammatory force that intensifies and prolongs the course of the disorder in a community. Negative descriptions of the social media's role saturate current scholarly research in mass conversion disorder. Indeed, researchers such as Robert Bartholomew have identified the Le Roy case among others as the quintessential example of this type of media influence. According to Bartholomew, the Le Roy case expanded because "people can view the girls on YouTube, follow the latest events on Twitter, and exchange Facebook links related to the case."<sup>76</sup> Moreover, he argues that the media and social media has transformed the primary mode of contagion; instead



of physical proximity being the key factor in the spread of conversion, modern-day media ultimately changes the path of contagion.<sup>77</sup> To see the evidence for this, one only has to track the exponential increase in afflicted patients in an episode once the media begins to report. For instance, the Le Roy case started with approximately six affected girls, and quickly rose to fifteen within the high school once local and national media sources began investigating the case.<sup>78</sup> Scholars argue that the media-spread incorrect diagnoses and their natural methods of sensational reporting create a panic that fostered the rapid spread of the disease.<sup>79</sup> The media acts not only in promoting the spread of real cases of conversion disorder, but also in promoting false cases. For instance, some mass conversion disorder cases intensify significantly once media sources advertise that the government is providing monetary compensation and preferential care for the afflicted.<sup>80</sup> Regardless of people's intentions, the media clearly acts as an inflammatory force that often confounds conversion disorder cases.

Undoubtedly, mass conversion disorder has heavily affected communities and engaged societal actors in many different ways. By breaking down each player's experience, we can begin to fully comprehend the significance and impact of mass conversion disorder beyond the patient. Furthermore, a deep understanding of the interplay of societal players in any community will benefit those communities that experience mass conversion disorder in the future and perhaps help resolve people's quest for answers before the outbreak disrupts or ruins too many people's lives. In this light, an overarching historical perspective can be a beneficial tool.

### Chapter 3: Social Patterns

Although some journalists and laypeople have likened demonic possession to mass conversion disorder, such a neat equation is often hastily-made and impossible to substantiate. Indeed, some modern scholars and medical professionals have attempted to explain early-modern demoniac's behavior in terms of modern-day understandings of disease, hoping perhaps to elucidate a moment in history that many have dismissed as an irregularity in the human experience.<sup>1</sup> However, although helpful in adding another layer to historical interpretations, such research can only rest on speculation and should not be taken as the overriding explanation of demonic possession. It seems impossible to diagnose populations so removed in time and space, even with extensive and available historical records. Therefore, it is important to note that this paper does not posit that demonic possession and mass conversion disorder are one and the same, but instead hopes to compare the two seemingly similar phenomena in order to better understand both. By comparing the two, I plan to broaden how modern students understand and learn about demonic possession, hopefully debunking incorrect notions that all demoniacs were merely play-acting and that demonic possession in general was an unfortunate craze distant from our own enlightened time.

After extensive research into both periods, one begins to see patterns of social behavior that accompany both demonic possession cases and some mass conversion disorder cases. These patterns seem to reveal the necessary preconditions that make a community susceptible and explain how societal players first interact with the phenomenon in their cultural context. Although distinct patterns exist within demoniac and conversion cases, the societal players do not seem consciously aware of them or how they perpetuate these patterns. However, each affliction differs from the pattern in a few specific details related to their time in history.

The overarching patterns of behavior in demonic possession and mass conversion cases include specific factors that are usually present in an afflicted community before the outbreak of either phenomenon. The first such factor is the presence of a perceived threat to the community that corresponds with the cultural perceptions of the body and mind. This threat typically must be understood by the vast majority of the population for the societal players to begin acting within the realm of the particular affliction. The perceived threats differ vastly between cases of demonic possession and conversion disorder. For example, in the early modern period, the heightened role and agency of the devil in everyday life served as the precursor for demonic possession.<sup>2</sup> However, early moderns needed more than the mere theoretical threat of the devil to substantiate demonic possession; their idea concerning the unique relationship between the spirit and physical world was crucial to explaining why the devil posed such a threat to their communities.<sup>3</sup> Prior to the early modern period, Christian societies understood and accepted forms of mysticism, in which a person's spirit could either leave their body or be invaded by a good spirit for an overall positive, deeply religious experience.<sup>4</sup> Therefore, as the devil became a more powerful force, early moderns were able to logically comprehend this threat within their prior understanding of the spiritual and physical world.<sup>5</sup> Without the widespread understanding that the devil was both a threat and could invade a person's body, demonic possession cases may never have occurred at their historical frequency among early moderns.

Mass conversion cases also reveal the necessity of a viable threat to the social order. Although perhaps not as religiously charged or spiritually-focused as perceived early-modern threats, modern society experiences just as powerful threats to bodies, as we see them. For instance, almost all cases of mass conversion disorder require the presence of some sort of environmental or biological threat. As epidemiologist Leslie Boss states, "the trigger reported to

have initiated the outbreak is often an environmental event: occasionally it is a massive exposure such as a nuclear release, smog, contamination of a water supply, or mass chemical exposure of a community.”<sup>6</sup> Such focus on environmental threats stem from our emphasis on the biological (instead of spiritual) vulnerability of the body; for people to fear chemical contamination and its negative impact the body, we have had to cultivate and accept scientific knowledge concerning the workings of our bodies. Furthermore, we have drastically changed the relationship between the body and spirit, stressing the prominence of the physical body over the spirit. Although such a modification seems intuitive and logical to moderns, the shifts in perspectives of the body (and subsequent shifts in viable threats) mirror the necessary transformation of early moderns’ understandings to make Christian demonic possession possible.

The shared patterns of behavior in possession and mass conversion disorder can also be seen in the experiences of similar societal players. Interestingly, both early-modern and modern authorities of the body seem to have played nearly identical roles as they approached their respective afflictions. For instance, both groups of medical players seemed to have focused extensively on projecting their authority in the public while diagnosing the respective behaviors.<sup>7</sup> Such a role seems to have dominated because both sets of experts were treading in new waters; possession, although understood generally to be similar to the mysticism of prior ages, was a relatively new and highly violent type of spiritual experience that medical experts were forced to deal with without clear direction. Similarly, modern-day medical experts have had relatively little experience or available research to guide them in their attempts to diagnose and treat mass conversion disorder. Perhaps it is this facet within the shared social pattern that has made the medical player such a powerful player in the respective afflictions.

Although separated by centuries of medical history, both experts in the early modern period and modern period have sometimes acted as instigators in patients experiencing either possession or conversion.<sup>8</sup> However, there is a significant divergence in the cultural script between the two periods. Early moderns' instigating of demonic possession seems to have been far more purposeful than the instigating effect of modern medical intervention in conversion disorder. For instance, historians have criticized the clerics and doctors as subconsciously enabling forces in the mass possession of nuns at Loudun.<sup>9</sup> Conversely, scholars have shown the modern medical player's instigating effect to be more of an unintentional consequence of their mere response to outbreaks. For instance, Boss posits that the presence of ambulances and other emergency vehicles alone could increase the spread of conversion disorder through panic.<sup>10</sup>

The shared patterned behaviors are also revealed in the family player's role in both afflictions. The family players focused extensively on protecting and defending the afflicted girls (or boys) from the public eye in both time periods. In fact, some early moderns went so far as bringing defamers to court to protect their afflicted family member's reputation.<sup>11</sup> Modern family members have pursued just as protective paths as their early modern counterparts; many parents continually and publically argued against the diagnosis of conversion disorder. Such actions seem to stem from a need to protect their daughters from any stigma related to mental disorders.<sup>12</sup> The family players' protective roles reveal a stigmatized (and perhaps patterned) nature of both afflictions. Although both possession and conversion were not infrequent in their respective times, both seem to have been highly controversial and publicized, necessitating the defending support of the family player. Perhaps the presence of similar patterned behavior includes the necessity of a highly stigmatized threat, as manifested in the similar response from the family player across history.

The role of the patient also displays shared patterns. Much like the experience of the family player, the pattern of a stigmatized affliction seems to influence the patient player's role. Both early-modern and modern women have been criticized of actively faking their behavior, of play-acting for attention or for some other personal gain.<sup>13</sup> Although a few cases in both the early-modern and modern period have been documented in which women actively attempted to deceive observers, historians and scholars have noted that most cases seem sincere and beyond the patients' control.<sup>14</sup> However, many afflicted individuals have had to constantly defend themselves to avoid being stigmatized as deceitful or silly girls; some patients, especially those in the modern period, seem to prefer the stigma of a mental patient than that of a liar or attention-grabber.<sup>15</sup> However, this choice reveals the difficult position of the patient player; no matter how society comes to understand their behaviors, their society seems to stigmatize them. Both the assumption that one is play-acting and becoming stigmatized if deemed afflicted have remained resilient components of the shared pattern of demonic possession and mass conversion disorder.

The final shared experience of societal players significantly reinforces the presence of shared and patterned behaviors. By analyzing the most influential player, the common populace or media, in both afflictions, one not only sees the presence of the shared pattern but also its persistence. The populace often instigates or propagates demonic possession and mass conversion disorder.<sup>16</sup> The vast turnouts at public exorcisms and power to either accept or reject cases of possession truly influenced the course of possession. For instance, as historian Benjamin Kaplan explains, the populace player has the power to steer those who make public decisions; indeed, the populace is "a potent force, demanding a response from elites and circumscribing the courses of action available of them."<sup>17</sup> With such power, the populace player constructed and carried out the shared social patterns within the context of society's current norms and mores.

The populace player, although potent in both time periods, seems to have had been acknowledged in different ways by contemporaries. For instance, the clerics in the Loudun possession cases seemed acutely aware of and focused on gaining public support for the legitimacy of the possessions. Exorcists would host exorcisms on stage in front of thousands, and if these operations did not follow the expectations of the audience, the populace would become angry and suspect the authenticity of the possession. One can see this most prominently when the possessed nuns produced physical evidence from the witch possessing them, such as when Jeanne des Anges produced hawthorns to her audience in the middle of a possession fit.<sup>18</sup> Because such behaviors were not accepted within the common populace's understanding of how a possessed person should act, many began to question the sincerity of her possession.<sup>19</sup>

Modern cases of conversion disorder do not seem to have such clear acknowledgement of the role of the populace player. Indeed, the diagnostic criteria within the DSM-IV stipulate that the patients' conversion disorder cannot be "culturally sanctioned behavior or experience."<sup>20</sup> Although the media, specifically newspapers and television news programs, seem to have an inflammatory effect during mass conversion disorder episodes, this effect seems much less pointed than the early-modern populace's effect on demonic possession. Unlike early-modern possession, perhaps modern society lacks the focus on details to specifically (and directly) influence the course of conversion; by merely finding entertainment from the news stories, the modern populace player's interest has indirectly led to more such news coverage, which thus has led in some cases to an intensification in conversion outbreaks.<sup>21</sup> In some ways, the modern populace player has become a trigger of sorts for others in a community to start exhibiting symptoms of conversion. Although much less pointed or directed than early moderns'

experiences, this similar type of incendiary experiences is a shared pattern between the two afflictions.

The last shared component within the overall social pattern is a significant gendered component. Although both phenomena occurred in periods in which vastly different notions about women prevailed, both have been dominated by afflicted females.<sup>22</sup> Of course, this is not to say that men never were afflicted in their respective time periods; in fact, there were multiple cases of demonically possessed men in early-modern West and men exhibiting symptoms of conversion in modern America.<sup>23</sup> Further, Boss has shown in her research all-female mass conversion cases are declining, as more men are participating in cases.<sup>24</sup> This trend, although perhaps reflecting changes in perceived gender norms, seems mostly to result from an increased exposure of young men and women to one another in the public sphere, such as in co-ed public schools.<sup>25</sup> Despite slight modern shifts, the predominance of female patients in both possession and conversion beg an explanation; why do young women get these afflictions at such high rates? Historians of the early-modern period often point to the rhetoric and writings of elites that described women as both physically and spiritually weaker than men to explain why women were socially accepted possessed figures.<sup>26</sup> The modern West, which seems to lack (what is now considered to be) the outright and sexist rhetoric of the early moderns, does not seem to have explained the prevalence of female conversion cases in any less gendered terms. For instance, some experts attempt to show that young women, although not physically or spiritually weaker than men, are biologically more affected by stress than men. In fact, many label conversion disorder as ultimately a stress disorder, thereby emphasizing that the (mostly female) patients react to stress in such ways to cause the symptoms.<sup>27</sup> Although it is not the goal of my thesis to unearth the explanation for the gendered component behind conversion disorder and possession,



it is clear that it exists and has lasted through time and space as a part of the afflictions' shared patterns of social behaviors.

Although this thesis does not claim that possession and mass conversion disorder are one and the same disease that has just been socially constructed by different societies, it is important to understand their similar social patterns. Spotting these patterns – which manifest when one analyzes how the affliction starts, how people engage with it, and who becomes afflicted— will hopefully prove useful for future historical research and modern medical response.

Comprehending the existence of this long-lasting social script may also help the layperson's historical understanding of possession; with any luck, perhaps it will prevent the automatic dismissal of possession and mass conversion disorder as “freak” occurrences the human experience. Perhaps we will be able to transcend Arthur Miller's depiction of possessed girls as play-actors who lie and deceive for personal gain and at the expense of others. Furthermore, the script may help instruct how modern society approaches and interacts with mass conversion disorder. Shedding light on the shared patterns may help lower the economic cost of response and treatment of conversion patients; if societal players, such as the media player and medical player, understand their potentially incendiary effect in cases, perhaps they could alter their actions so as to lessen the spread of conversion. Ultimately, this thesis shows that both early-modern possession and modern conversion disorder are heavily influenced by patterned social factors, factors which could be used to expand historical thought and expedite modern reaction to such inexplicable afflictions.

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## Introduction

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## Chapter 1

<sup>1</sup> Joseph, Klaitis, *Servants of Satan* (Indiana: Indiana University Press, 1985); T. K. Oesterreich, *Possession: Demonical and Other Among Primitive Races, in Antiquity, the Middle Ages, and Modern Times* (New York: University Books Inc., 1966); Lyndal Roper, *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe* (New York: Routledge, 1994); Patrick McNamara, *Spirit Possession and Exorcism; History, Psychology, and Neurobiology* (Denver: Praeger, 2011).

<sup>2</sup> James Sharpe, *The Bewitching of Anne Gunther: A Horrible and True Story of Deception, Witchcraft, Murder, and the King of England* (New York: Routledge, 2001), 139.

<sup>3</sup> Anita M. Walker and Edmund H. Dickerman, "'A Woman Under the Influence': A Case of Alleged Possession in Sixteenth-Century France," *The Sixteenth-Century Journal* 22 (1991): 546-47.

<sup>4</sup> David D. Hall, ed., *Witch-Hunting in Seventeenth-Century New England* (Boston: Northeastern University Press, 1999) 266.

<sup>5</sup> Hall, *Witch-Hunting in Seventeenth-Century New England*. 198.

<sup>6</sup> Michel De Certeau, *The Possession at Loudun* Trans. by Michael B. Smith (Chicago: The University of Chicago Press, 2000) 18.

<sup>7</sup> Benjamin J. Kaplan, "Possessed by the Devil? A Very Public Dispute in Utrecht," *Renaissance Quarterly* 49 (1996): 738.

<sup>8</sup> Klaitis, *Servants of Satans*, 106-107, 107, 106, 107-109.

<sup>9</sup> Roper, *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe*, 171-172.

<sup>10</sup> Roper, *Oedipus and the Devil* 172-174.

<sup>11</sup> Klaitis, *Servants of Satan*, 108.

<sup>12</sup> Erik H.C. Midelfort, *Religion and Culture in the Renaissance and Reformation* Ed. Steven Ozment (Kirkville: Sixteenth-Century Journal Publishers, 1989), 109.

<sup>13</sup> De Certeau, *Possession at Loudun*; Hall, *Witch-Hunting in Seventeenth-Century New England*; Bernard Rosenthal, *Records of the Salem Witch-Hunt* (Cambridge: Cambridge University Press, 2009)

<sup>14</sup> Midelfort, *Religion and Culture in the Renaissance and Reformation* ,110.

<sup>15</sup> Carol F. Karlsen, *The Devil in the Shape of a Woman: Witchcraft in Colonial New England* (New York: W.W. Norton & Company, 1987), 224-225.

<sup>16</sup> Karlsen, *Devil in the Shape of a Woman*, 223; Robert Rapley, *A Case of Witchcraft; The Trial of Urbain Grandier* (Montreal: McGill-Queen's University Press, 1998), 76-77.

<sup>17</sup> Rapley, *The Trial of Urbain Grandier*, 77.

<sup>18</sup> Rapley, *The Trial of Urbain Grandier*, 108.

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- <sup>19</sup> Rapley, *The Trial of Urbain Grandier*, 108-109; Brian P. Levack, *The Witch-Hunt in Early Modern Europe* (New York: Pearson Education Limited, 2006), 30-67.
- <sup>20</sup> Klaitis, *Servants of Satan*, 111.
- <sup>21</sup> Karlsen, *Devil in the Shape of a Woman*, 226.
- <sup>22</sup> Hall, *Witch-Hunting in Seventeenth-Century New England*, 265-266.
- <sup>23</sup> Hall, *Witch-Hunting in Seventeenth-Century New England*, 197-198.
- <sup>24</sup> Rapley, *The Trial of Urbain Grandier*, 22.
- <sup>25</sup> Roper, *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe*, 178.
- <sup>26</sup> Karlsen, *Devil in the Shape of a Woman*, 235.
- <sup>27</sup> Kaplan, "Possessed by the Devil?" 752.
- <sup>28</sup> Walker and Dickerman, "A Woman Under the Influence": A Case of Alleged Possession in Sixteenth-Century France," 551, 553.
- <sup>29</sup> D.P. Walker, *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries* (Philadelphia: University of Pennsylvania Press, 1981), 31, 34, 35.
- <sup>30</sup> Sharpe, *Instruments of Darkness*, 190.
- <sup>31</sup> Walker and Dickerman, "A Woman Under the Influence," 536.
- <sup>32</sup> Walker, *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries*, 21.
- <sup>33</sup> Rapley, *The Trial of Urbain Grandier*, 118.
- <sup>34</sup> Rapley, *The Trial of Urbain Grandier*, 163, 173.
- <sup>35</sup> De Certeau, *The Possession at Loudun*, 120.
- <sup>36</sup> Midelfort, *Religion and Culture in the Renaissance and Reformation*. 108-109.
- <sup>37</sup> Klaitis, *Servants of Satan*, 112.
- <sup>38</sup> Karlsen, *The Devil in the Shape of a Woman*, 233; Kaplan, "Possessed by the Devil?" 740.
- <sup>39</sup> Kaplan, "Possessed by the Devil?" 748.
- <sup>40</sup> Roper, *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe*, 172-175.
- <sup>41</sup> Walker and Dickerman, "A Woman Under the Influence," 536, 549-550.
- <sup>42</sup> Klaitis, *Servants of Satan*, 120.
- <sup>43</sup> Walker, *Unclean Spirits*, 38.
- <sup>44</sup> De Certeau, *Possession at Loudun*, 123.
- <sup>45</sup> Rapley, *The Trial of Urbain Grandier*, 154.
- <sup>46</sup> Sharpe, *Instruments of Darkness*, 205.
- <sup>47</sup> Walker and Dickerman, "A Woman Under the Influence," 547.
- <sup>48</sup> Klaitis, *Servants of Satan*, 120.
- <sup>49</sup> Klaitis, *Servants of Satan*, 116.
- <sup>50</sup> Roper, *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe*, 175.
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## Chapter 2

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### Chapter 3

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